

How to make a complaint about the service you have received at MyHealth

Our Aim

The Practice aims to provide the best possible service to you at all times. If, however, you have a complaint or concern about the service you have received, please let us know so that we have the opportunity to explain or resolve any cause of dissatisfaction. Your comment or complaint will help us to improve our services. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

This leaflet acts as a guide to patients on how to make a complaint, how we will deal with your complaint and what to do if you are not happy with our response. It also provides useful information on other organisations that can help you with your complaint.

How to Complain

We hope that we can resolve most problems quickly and easily, often at the time they arise and with the person concerned. However, if you wish to make a complaint, please do so AS SOON AS POSSIBLE – ideally within a matter of days. Please contact us on our local telephone number, 01904 490532. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Operations Manager (you can use the attached form). The Operations Manager will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

Complaining on Behalf of Someone Else

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

What We Will Do

1. Local Resolution

Contact the Practice

Your complaint should be made in the first instance to the Practice. Again, we hope that most problems can be sorted out quickly and easily, often at the time they arise and with the person concerned. You can contact the Operations

Manager, Lucy Murdoch, Mrs Joanne Rowe (Managing Partner), Dr Christopher Hirst (Senior Partner) or any of the GP Partners either by telephone or by appointment, to discuss the problem so that we can find out the full details of your concerns and respond to these as soon as possible. Our main telephone number is 01904 490532.

Alternatively, if it is not possible for you to speak with us to explain your problem, you should write to Lucy Murdoch or any of the Partners at:

**MyHealth
Strensall Health Care Centre
Southfields Road
Strensall
YORK
YO32 5UA**

We shall acknowledge your complaint within two working days and aim to have fully investigated your complaint within twenty working days of the date when we received your complaint. We shall then be in a position to offer you an explanation, or a meeting with the people involved, if you so wish. When we look into your complaint we shall aim to:

- Find out what happened and what went wrong
- Make it possible for you to discuss the problem with those concerned, if you would like this
- Where appropriate, apologise
- Where possible, sort out the problem to your satisfaction
- Identify what we can do to make sure that the problem doesn't happen again and tell you about any decisions made

GETTING FURTHER HELP WITH YOUR COMPLAINT

If you are unhappy about, or feel unable, to contact the Practice direct

We hope that if you do have a concern that we can resolve this together through our practice complaints procedure as we believe that this will give us the best chance of resolving your concerns together and also gives us the opportunity to improve our service. However, if you prefer not to speak with the practice in the first instance you may contact other organisations, which may be able to help you to resolve your concerns without the need to make a formal complaint.

- **NHS England**

If you as the patient, a carer or relative wishes to complain about the practice and prefer not to make the complaint direct to us, please contact the NHS England National Commissioning Board. Contacts to this Board are to be made to through the Central Contact Centre, using the details below:

Telephone - 0300 311 22 33

E-Mail - nhscommissioningboard@hscic.gov.uk

Post: NHS England
PO Box 16738
REDDITCH B97 9PT

All your details will be treated with the strictest confidence.

You may also obtain support and advice from:

- **North Yorkshire NHS Complaints Advocacy Service**

This organisation is based at

Tower Court,
Oakdale Road
Clifton Moor
York
YO30 4XL

Telephone: 0300 012 4212

Fax: 01924 438444

Email: helpwithcomplaintsnorthyorks@cloverleaf-advocacy.co.uk

They are open Monday to Friday 9am til 5pm.

If you are not happy with our response

If, after our best efforts, you still think that we have not fully answered your complaint or you are not happy with our decision, you should contact the Health Service Ombudsman using the details provided below.

2. Health Service Ombudsman

The Health Service Ombudsman handles cases that cannot be resolved with either Local Resolution or with the National Commissioning Board and is completely independent of the NHS and Government. The Ombudsman can be contacted at:

Millbank Tower

Milbank

London

SW1P 4QP

Tel: 0345 015 4033

Email: OHSC.Enquiries@ombudsman.gsi.gov.uk

Website: www.ombudsman.org.uk

SUMMARY

We welcome and thank all patients who take the time and trouble to tell us about any complaints or concerns that they have about the service provided at the Practice and assure you of our continued commitment to providing the best care possible for all patients.

JER April 2018

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Print Name:

(Continue on separate sheets if necessary)

PATIENT THIRD-PARTY CONSENT

Patient's Name: _____

Tel No: _____

Address: _____

Enquirer/Complainant Name: _____

Tel No: _____

Address: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT, OR YOUR COMPLAINT/ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT, THEN THE CONSENT OF THE PATIENT IS REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint. I wish this person to complain on my behalf.

This authority is for an indefinite period/for a limited period only (please delete as appropriate)

Where a limited period applies, this authority is valid until _____(insert date).

Signed: _____ (patient only)

Date: _____